

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-014586

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No.

333

Primary Registration District No.

3074

Registrar's No.

80

STATE FILE NUMBER

FILED MAR 20 1963

1. PLACE OF DEATH

a. COUNTY SCOTT

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE MISSOURI b. COUNTY MISSISSIPPI

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN SIKESTON

Length of stay in 1b
7 days

c. CITY OR TOWN ANNISTON

Inside Limits
Yes ☒ No ☐

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION MO. DELTA COMMUNITY HOSP.

Inside Limits
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)
Gen. Del.

Reside on Farm
Yes ☐ No ☒

3. NAME OF DECEASED (Type or print)

First WILLIAM

Middle JEFFERSON

Last MELTON

4. DATE OF DEATH

3-21-63

5. SEX
MALE

6. COLOR OR RACE
WHITE

7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐

8. DATE OF BIRTH
9-19-1882

9. AGE (last birthday)
80

IF UNDER 1 YEAR IF UNDER 24 HR
Months 0 Day 2 Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Merchant & Farmer

10b. KIND OF BUSINESS OR INDUSTRY
Grocery, Farming

11. BIRTHPLACE (City and state or country)
Webster Co., Ky.

12. CITIZEN OF WHAT COUNTRY
USA

13a. FATHER'S NAME

Green Melton

13b. MOTHER'S MAIDEN NAME

Alice Morehead

14. NAME OF HUSBAND OR WIFE

Virginia E. Melton

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or unknown) (If yes, give war or dates of serv)

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Gaston Melton, Anniston, Missouri

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

*Sudden Intest. Hemorrhage
(Cause undetermined)*

INTERVAL BETWEEN ONSET AND DEATH

7 da.

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Diabetes mellitus - Peripheral Vas. disease

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY
Hour a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

3/13/63

to 3-21-63

and last saw him alive on 3-21-63

Death occurred at

1:30 A.

m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

E. Charles Polving M.D.

22b. ADDRESS

Charleston, Mo

22c. DATE SIGNED

3-22-63

23a. BURIAL, CREMATION, REMOVAL (Specify)
Burial

23b. DATE

3-23-63

23c. NAME OF CEMETERY OR CREMATORY

I.O.O.F Cemetery

23d. LOCATION (City, town, or county)

Charleston, Missouri

(State)

24. FUNERAL DIRECTOR

ADDRESS

Travis Shelby, East Prairie, Mo.

25. DATE RECD. BY LOCAL REG.

March 25, 1963

26. REGISTRAR'S SIGNATURE

Jeanette Waldman

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF MEDICAL CERTIFICATION

VS 300
Rev. 4/59
10-07
0670
-3
4 0
5 1
6
7 1
8 0
9578X
10
11
12 1-0
13 2-0

APR 11 1963

Permit issued March 21-1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Travis Shelby Jr.

Licensed Embalmer No.

4940

P. O. Address

East Prairie, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.